

PUBLIC UTILITIES COMMISSION
465 SOUTH KING STREET, ROOM 103
HONOLULU, HAWAII 96813
TELEPHONE: (808) 586-2020
FACSIMILE: (808) 586-2066

INSTRUCTIONS AND GENERAL INFORMATION

**APPLICATION FOR CERTIFICATE OF REGISTRATION ("COR") TO PROVIDE
TELECOMMUNICATIONS SERVICE WITHIN THE STATE OF HAWAII AS A
COMMERCIAL MOBILE RADIO SERVICE ("CMRS") PROVIDER OR
RESELLER OF CELLULAR SERVICES**

1. APPLICATION FORM (Hawaii Administrative Rules ("HAR")
§ 6-61-18):

The application must be typewritten and signed in black ink on 8 ½ x 11 paper. All exhibits attached to the application should be identified by consecutive numbering, e.g., Exhibit 1, Exhibit 2, etc.

If additional space is required to fully respond to any requirement listed in the application, that response should be attached as an Exhibit.

2. FILING FEE (HAR § 6-61-24):

A filing fee of \$30.00 must be paid at the time of filing the application with the Public Utilities Commission. Checks should be payable to the Public Utilities Commission.

3. NUMBER OF COPIES REQUIRED (HAR § 6-61-18):

- a. Original and 8 copies to:

Public Utilities Commission
465 South King Street, Room 103
Honolulu, Hawaii 96813

- b. 2 copies to:

Division of Consumer Advocacy
Department of Commerce and Consumer Affairs
P.O. Box 541
Honolulu, Hawaii 96809

4. RULES:

Specific filing instructions for applications for a COR are contained in the following Hawaii Administrative Rules and are available at a nominal cost:

HAR Chapter 6-61 Rules of Practice and Procedure Before
the Public Utilities Commission

HAR Chapter 6-80 Competition in Telecommunications
Services

Or online at: www.hawaii.gov/budget/puc/

5. Fill in the date and sign the application.

Complete the **Verification** in the presence of a notary public and sign the **Certificate of Service**.

6. Pursuant to Hawaii Revised Statutes ("HRS") § 269-30, a CMRS provider or reseller of cellular services must pay a public utility fee to the Public Utilities Commission, which is payable on July 31st and December 31st of each year.
7. A CMRS provider or cellular reseller is subject to E911 surcharge requirements, pursuant to Act 159, 2004 Session Laws of Hawaii.
8. A CMRS provider or cellular reseller is subject to Telecommunications Relay Service Surcharge Requirements, pursuant to HRS § 269-16.6 and all applicable commission orders.
9. In the event that there is a conflict between this form and the provisions of the applicable Hawaii Revised Statutes or Hawaii Administrative Rules, the applicable statutes or rules prevail.

***NOTE - USE OF THIS FORM DOES NOT NECESSARILY ENSURE COMPLIANCE WITH ALL APPLICABLE LAWS, RULES AND REGULATIONS. IT IS APPLICANT'S RESPONSIBILITY TO CONFORM WITH ALL APPLICABLE LAWS, RULES AND REGULATIONS.

***NOTE - DO NOT DUPLICATE OR FILE THIS INFORMATION SHEET.

BEFORE THE PUBLIC UTILITIES COMMISSION
OF THE STATE OF HAWAII

In the Matter of the Application of)
)
)

Name of CMRS Provider or Reseller)
of Cellular Services)
)
For a Certificate of Registration.)
_____)

For Commission Use Only

Docket No. _____

CMRS Provider's or Reseller of Cellular Services'
Application for a Certificate of Registration;

Verification;

and

Certificate of Service

**BEFORE THE PUBLIC UTILITIES COMMISSION
OF THE STATE OF HAWAII**

In the Matter of the Application of)
)
)
Name of CMRS Provider or Reseller)
of Cellular Services)
)
For a Certificate of Registration.)
)

For Commission Use Only

Docket No. _____

I. INTRODUCTORY STATEMENT.

- A. Applicant's legal name as registered with the State of Hawaii Department of Commerce and Consumer Affairs.

- B. Provide the name of any affiliated business organization that operates in Hawaii.

- C. Provide a description of the relationship between Applicant and the affiliated business organization(s) including whether the affiliated business organization(s) is a public utility regulated in Hawaii.

II. APPLICANT'S PRINCIPAL PLACE OF BUSINESS AND TELEPHONE NUMBER.

Name_____

Trade Name_____

Address_____

_____ Zip Code_____

Business Phone_____Facsimile Number_____

E-mail_____

- III. NAME, TITLE, ADDRESS, TELEPHONE NUMBER, FACSIMILE NUMBER, AND E-MAIL ADDRESS WHERE CORRESPONDENCE OR COMMUNICATIONS PERTAINING TO THE APPLICATION SHOULD BE DIRECTED.

Name_____

Address_____

_____Zip Code_____

Business Phone_____Facsimile Number_____

E-mail_____

- IV. NAME, TITLE, ADDRESS, TELEPHONE NUMBER, FACSIMILE NUMBER, AND E-MAIL ADDRESS WHERE QUESTIONS CONCERNING THE ONGOING OPERATIONS OF APPLICANT FOLLOWING ISSUANCE OF CERTIFICATE OF REGISTRATION SHOULD BE DIRECTED.

Name_____

Address_____

_____Zip Code_____

Business Phone_____Facsimile Number_____

E-mail_____

- V. NAME, TITLE, ADDRESS, TELEPHONE NUMBER, FACSIMILE NUMBER AND E-MAIL ADDRESS WHERE QUESTIONS REGARDING CUSTOMER SERVICE OR PROBLEMS SHOULD BE DIRECTED.

Name_____

Address_____

_____Zip Code_____

Business Phone_____Facsimile Number_____

E-mail_____

VI. NAME, TITLE, ADDRESS, TELEPHONE NUMBER, FACSIMILE NUMBER AND E-MAIL ADDRESS OF THE CONTACT PERSON FOR THE HAWAII TELECOMMUNICATIONS RELAY SERVICE FUND.

Name_____

Address_____

_____ Zip Code_____

Business Phone_____ Facsimile Number_____

E-mail_____

VII. NAME, TITLE, ADDRESS, TELEPHONE NUMBER, FACSIMILE NUMBER AND E-MAIL ADDRESS OF THE CONTACT PERSON FOR THE HAWAII WIRELESS ENHANCED 911 FUND.

Name_____

Address_____

_____ Zip Code_____

Business Phone_____ Facsimile Number_____

E-mail_____

VIII. DESCRIPTION OF APPLICANT.

1. Attach a copy of the Federal Communications Commission license as Exhibit 1, OR _____ The Applicant does not require an FCC license as the Carrier is a reseller of cellular services.
2. If the corporation, partnership, limited liability company or limited liability partnership was formed under laws other than the laws of the State of Hawaii, the applicant must also attach a copy of its current certificate of authority to transact business in the State of Hawaii as Exhibit 2.

XI. TYPE OF TELECOMMUNICATIONS SERVICE TO BE OFFERED
(HAR § 6-80-17(c)(1)(A)).

Include a detailed description of the type of telecommunications service to be offered.

XII. GEOGRAPHICAL SCOPE OF CARRIER'S PROPOSED OPERATION
(HAR § 6-80-17(c)(1)(B)).

Provide a detailed description of Applicant's proposed geographical scope of the carrier's proposed operations, as stated in its FCC license, if applicable.

XIII. WHEREFORE, Applicant prays that the PUBLIC UTILITIES COMMISSION enter an order granting it a certificate of registration in accordance with HAR §§ 6-80-17(d) and 6-80-18(b).

APPLICANT certifies that the representations in this application and attached exhibits are true, correct, and complete, based on Applicant's knowledge and belief, and made in good faith.

DATED this _____ day of _____, 20____.

(Signature in black ink)

Written notices of changes in the foregoing information must be filed with the Commission within thirty (30) days from the date the change becomes effective.

VERIFICATION

_____)
(Name of State))
)
_____)
(Name of County)

_____, being duly sworn, states that
(Name of Applicant)

he/she files this application as _____, that
(Title)

in such capacity, he/she is qualified and authorized to file and verify this application; and that he/she has carefully examined all the statements and matters contained in the application; that all such statements made and matters set forth therein are true and correct to the best of his/her knowledge, information, and belief. Affiant further states that the application is made in good faith and with the intention of presenting evidence in support of each statement in the application.

(Signature in black ink)

Subscribed and sworn to before me this
_____ day of _____

Notary Public

My commission expires

CERTIFICATE OF SERVICE

I hereby certify that two (2) copies of the foregoing application, together with this Certificate of Service, have been served by United States mail, postage prepaid, to:

DIVISION OF CONSUMER ADVOCACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
P.O. Box 541
Honolulu, HI 96809

DATED this_____ day of _____, 20_____.

(Signature in black ink)